

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003217

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

877

STATE FILE NUMBER

FILED JAN 31 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
23 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **St. Louis-Little Rock
Hospital, Inc.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
6338 Virginia Ave.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
Evelyn

Middle
Alice

Last
Belcher

4. DATE OF DEATH

Month
January

Day
26

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
4-3-1915

9. AGE (last birthday)
47

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Receptionist

10b. KIND OF BUSINESS OR INDUSTRY
Syndicate Trust Bldg.

11. BIRTHPLACE (City and state or country)
Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Beisner

13b. MOTHER'S MAIDEN NAME

Alma Schwerzler

14. NAME OF HUSBAND OR WIFE

Gebhardt Belcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)
no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

**St. Louis, Missouri
Alma Beisner 6338 Virginia,**

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Karzinomiasis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ca of Breast

DUE TO (c)

170x

8 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Metastasis to lung, bone, liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **February 10 1955** to **January 26, 1963** and last saw her alive on **Jan. 25, 1963**

Death occurred at **9 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Kramer, M.D.

22b. ADDRESS

1755 S. Grand Blvd.

22c. DATE SIGNED

1-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

1-28-63

23c. NAME OF CEMETERY OR CREMATORY

Concordia Cem.

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 28 1963

26. REGISTRAR'S SIGNATURE

Paul Smith: M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Samuel C. White

Licensed Embalmer No.

4347

P. O. Address

6322 So. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.